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ABSTRACT

This bibliography lists and describes books, articles, literature reviews, studies, programs, and intervention approaches related to stress and coping methods of families of children with disabilities. Entries are organized into five sections: "Intervention Strategies with Parents of Children with Disabilities" (15 entries); "Research on Characteristics of Parents of Children with Disabilities" (22 entries); "Stress and Coping" (5 entries); "Intervention Strategies with Parents of Children without Disabilities or Married Persons" (6 entries); and "Cognitive Adaptation Theory" (6 entries). Most of the references describe materials produced in the 1980s. A complete list of all entries, arranged alphabetically by author, is provided. (JDD)

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THE UNIVERSITY OF KANSAS

Beach Center on
Families and Disability

Annotated Bibliography:

Interventions and Theory on Stress and Coping of Families of Children with Disabilities

Harriet Shaffer, Mary Brownell,
Jim Berghis, and
Shirley K. Behr, Ph.D., Project Director

1990

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This annotated bibliography is one of a number of bibliographies to be produced by the Beach Center at the University of Kansas. Although this is an in-depth look at selections from the literature, it does not include all of the relevant sources.

Beach Center on
Families and Disability

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SECTION 1

INTERVENTION STRATEGIES WITH PARENTS OF CHILDREN WITH DISABILITIES

This section contains abstracts of fifteen studies, program descriptions, literature reviews, and intervention approaches such as group counseling, viewing parents as teachers, and specific types of training.

Affleck, G., Tennen, H., Rowe, J., Roscher, B., & Walker, L. (1989). Effects of formal support on mothers' adaptation to the hospital-to-home transition of high-risk infants: The benefits and costs of helping. Child Development, 60, 488-501.

This study compared the effects of a formal support program for mothers of high risk infants who were leaving a NICU and going home. Mothers who appeared to need the most support before discharge did evidence growth in several measured areas such as their sense of competence, perceived control, and responsiveness.

Bruder, M. B., & Bricker, D. (1985). Parents as teachers of their children and other parents. Journal of the Division for Early Childhood, 9, 136-150.

This study provided information on the effectiveness of training parents of at-risk toddlers in training other parents. Three parents trained three other parents who trained a final set of three parents in four intervention techniques (choosing and defining a target behavior, using antecedents, using consequences, and data collection procedures). A major finding of this study was that parents can teach other parents effectively. This process also was cost-effective. The parents who participated were volunteers and this enthusiasm may not be true of all parents. Intervention programs that train parents need to continually evaluate the outcomes to be sure that there is a positive effect for both parents and children.

Davidson, B., & Dosser, D. A., Jr. (1982). A support system for families with developmentally disabled infants. Family Relations, 31, 295-299.

This paper described the Parent Helper Program, a program designed to provide families with an infant with developmental disabilities with support and information. In this project parents successful in their adjustment served as parent-peer helpers for families with a newborn with developmental disabilities. The article included case studies of two families.

Huber, C. H. (1979). Parents of the handicapped child: Facilitating acceptance through group counseling. Personnel and Guidance Journal, 57, 267-269.

Parents of children with disabilities sometimes grieve over the perceived loss of their dreams for their child. Participation in group counseling is discussed as a way of helping them work through the Kubler-Ross grief model as well as giving the parents insights into others' coping skills and mutual support.

Intagliata, J., & Doyle, N. (1984). Enhancing social support for parents of developmentally disabled children: Training in interpersonal problem solving skills. Mental Retardation, 22, 4-11.

This study described the authors' investigation of the effect of Interpersonal Problem-Solving Skills Training on parents of children with developmental disabilities. On a problem solving test, parents receiving the training showed more improvement in solving interpersonal and intrapersonal problems rather than on problems related to disability issues.

Loeb, R. C. (1977). Group therapy for parents of mentally retarded children. Journal of Marriage and Family Counseling, 3, 77-83.

Based on results of three groups held for parents of children ages 2-4 with mental retardation, the author recommended groups as a method for allowing parents to ventilate feelings, to share solutions to problem, and to provide understanding and empathy. The author also recommended use of eclectic theory including ideas of Rogers, Freud, Ellis, and Gestalt as well as those of behavior theorists.

Nixon, C. D. (1989). The treatment of self-blaming attributions and guilt feelings in parents of developmentally disabled children. Doctoral dissertation, unpublished doctoral dissertation, University of Oregon, Eugene.

The object of this study was to determine the effectiveness of a 5-week group training process based on cognitive therapy for parents of children with disabilities. Because the presence of the child's disability is an event that in itself cannot be changed, the purpose of the group training was to see if parents could learn ways in a group setting to control any negative feelings (specifically guilt feelings and self-blaming attributions) they may have about the presence of disability and then to learn ways to solve problems. Instruments used before and after the group training measured parental guilt feelings, attributional styles, and automatic thoughts. There was a significant reduction of self-blame and guilt as measured by the Situational Guilt Scale.

Opirhory, G., & Peters, G. A. (1982). Counseling intervention strategies for families with the less than perfect newborn. Personnel and Guidance Journal, 60, 451-455.

This article discussed counseling strategies that hospital-based health team members can use with families of newborns with disabilities. It discussed grieving theory and its applicability to these families as well as the needs of the mother and of the father. Counselors need to establish a relationship of trust as

well as helping families plan for the release of the child from the hospital and for problem-solving in home life. Hospital teams can set up groups for parents and can attempt to continue counseling at neonatal follow-up clinics and through home visits.

Pearson, J. E., & Sternberg, A. (1986). A mutual-help project for families of handicapped children. Journal of Counseling and Development, 65, 213-215.

This article described the "Living with a Handicapped Child Project," in Fairfax County, Virginia, which offers both parent and sibling support groups for families with members with disabilities. Parent support group meetings focused on training in mutual support as well as on discussing parental anger and anxiety, financial problems, and the family's outlook for the future. The sibling support groups focused on feelings, especially any feelings of anger or protectiveness which the sibling might feel. The article provided no data on effectiveness of these groups.

Peterson, L. E., & Kelleher, C. C. (1987). Working with parents of disturbed adolescents: A multifaceted group approach. Child Welfare, 66, 139-148.

This article gave an account of the authors' clinical experiences with self-help groups for twenty-four parents of adolescents with emotional disabilities. The focus of the group was on the needs and problems of the parents and was not an alternative or replacement for family therapy. The authors listed anger, guilt, and suffering; denial, separation/autonomy; and support/hope as recurring issues. Two factors were important in a group's progress: the opportunity for parents to share and the use of humor and laughter. Parents viewed the group process as valuable in a different way from group therapy because the group offered resources and support for the needs of the parents.

Seligman, M., & Darling, R. B. (1989). Models of intervention. In M. Seligman and R. Darling (Eds.), Ordinary families, special children: A systems approach to childhood (pp. 152-182). New York: Guilford Press.

This chapter presented an overview of the qualities of effective helpers and the helper-family relationship, barriers to effective helping, family counseling needs, various models of intervention, and family dynamics.

Shapiro, J. (1989). Stress, depression, and support group participation in mothers of developmentally delayed children. Family Relations, 38, 169-173.

This study focused on two aspects of parental response to disabilities in their children: sharing the burden and appraisal of the crisis. The "C" factor of appraisal is defined as the parent's ability to assign meaning to the stressful event (the presence of the child in the family). The degree to which

the crisis (X) is considered to exist was defined by the mother's emotional state as measured by psychometric tests for depression and stress. These tests were given to 56 mothers of children with developmental delays (36 children with Down syndrome) enrolled in early intervention programs. Of the 34 mothers who participated in support groups, all were enrolled in a group at the time of the study and had been participating in some type of support group for between two months to one year. Mothers who participated in a support group were significantly less depressed, less burdened by their child and engaged in more coping strategies with their child than mothers who did not participate in support groups. Further studies with more sophisticated designs are necessary to determine a more precise relationship among these variables. The question is whether or not group work can endow a patient's experience with meaning and this requires more precise definition and better understanding of how it can be developed.

Singer, G. H., Irvin, L. K., & Hawkins, N. (1988). Stress management training for parents of children with severe handicaps. Mental Retardation, 26, 269-277.

This study described the impact of an eight-week stress management class for parents of children with severe disabilities on their self-reported levels of stress and depression. Parents were taught self-monitoring skills, relaxation training, and cognitive reframing. Parents gave positive marks to all three parts of the program. Since this was a multi-part study, the researchers were unable to determine which component was more powerful, but the results indicated that this type of a program in a group setting was helpful to parents of children with severe disabilities.

Werth, L. H., & Oseroff, A. B. (1987). Continual counseling intervention: Lifetime support for the family with a handicapped member. The American Journal of Family Therapy, 15, 333-342.

This article reported on counseling needs of families with a disability. Most studies of specific counseling techniques and their effectiveness lack an adequate research design. Counseling services provided over time can provide needed information, support and stability to these families based on their own needs. The goal of these counseling services is the positive adaptation of the family.

Zeitlin, S., & Williamson, G. G. (1988). Developing family resources for adaptive coping. Journal of the Division for Early Childhood, 12, 137-146.

Because families have differing strengths and needs in coping with a family member with a disability, the authors advocated individualized family support. They described two models for doing individualized family planning that are part of the COPING

project. These models were the Coping Process (a theoretical model) and Personalized Learning (a decision-making model). The articles included two case studies describing the use of these models.

SECTION 2

RESEARCH ON CHARACTERISTICS OF PARENTS OF CHILDREN WITH DISABILITIES

The twenty-two articles abstracted in this section include reports of studies of families of children with disabilities including: family strengths, stress and adaptation, and needs of fathers.

Abbott, D. A., & Meredith, W. H. (1986). Strengths of parents with retarded children. Family Relations, 35, 371-375.

There were three purposes to this study. The first purpose was to compare marital and family strengths of parents with and without children with mental retardation. The two groups of parents were not different statistically on these measures. The second purpose was to see if parents of children with mental retardation felt they were stronger as persons or as a family because of their situation. Almost all of these parents said that they or their family were stronger, closer, or more of a unit because of their situation. The third purpose was to find out what coping techniques these parents used. The most helpful resource to parents was support from the other spouse. Other resources included positive perceptions, strong religious beliefs, and their own personal psychological strengths. The article concluded by advising counselors and other helpers to help strengthen the parents' marriages in order to strengthen the entire family system.

Affleck, G., Allen, D., Tennen, H., McGrade, B.J., & Ratzan, S. (1985). Causal and control cognitions in parents' coping with chronically ill children. Journal of Social and Clinical Psychology, 3(3), 367-377.

The purpose of this study was to examine cognitive adaptation among a sample of 34 mothers of children (ranging in age from 8 to 17), with insulin-dependent diabetes. Responses to the question, "As difficult as things have been, have you gained anything from the experience of having a child with diabetes?", measured the mothers' perceptions of positive benefits. Approximately 66% of the respondents cited benefits. The authors reported that cognitions of positive benefits were not significantly related to outcomes on the parent adaptation measure used in this study.

Affleck, G., Tennen, H., & Gershman, K. (1985). Cognitive adaptations to high-risk infants: The search for mastery, meaning and protection from future harm. American Journal of Mental Deficiency, 89(6), 653-656.

This study summarized the evidence for cognitive adaptations, and the relationship of this evidence to adaptation among 42 mothers whose infants had been treated for severe perinatal medical problems. The findings of this study provide evidence to support the association of positive adaptational outcomes with primary and secondary control cognitions. However, these authors observe the need to be cautious about deliberate manipulation of cognitive adaptations, stating that "there is good reason to avoid supplying people with positive evaluations and purposeful interpretations of their plights...such communications, however well-intentioned, may be received hostilely by people who have not drawn such conclusions on their own" (p. 656).

Affleck, G., Tennen, H., Pfeiffer, C., Fifield, J., & Rowe, J. (1987). Downward comparison and coping with serious medical problems. American Journal of Orthopsychiatry, 57(4), 570-578.

This study examined downward comparisons made by mothers of newborns who were seriously ill and by individuals with rheumatoid arthritis. The purpose of the study was to determine whether downward comparisons are related to positive adaptation. The findings suggest the following implications for service providers: (1) Support groups may offer family members a chance to use social comparison as a way of coping ("I joined to see if others were having the same feelings I was experiencing."); (2) Downward comparisons may serve as adaptive illusions which interfere with professionals who are trying to get families to test reality; (3) There is little information on effects of support providers' efforts to encourage/discourage comparisons, and (4) Further research should examine successful coping based on comparisons.

Dyson, L., & Fewel, R. R. (1986). Stress and adaptation in parents of young handicapped and nonhandicapped children: A comparative study. Journal of the Division for Early Childhood, 10, 25-35.

In this study, authors compared stress and adaptation of families of young children with disabilities and of families of young children without disabilities. In response to research questions, they found first that parents of young children with disabilities did experience more stress than did families of young children without disabilities. Second they found that stress in parents of young children with disabilities came from four sources: characteristics of the child, physical incapacitation of the child, parental pessimism about the child, and the severity of the child's disability. Finally, there was a limited relationship between increased social support and the family's level of stress. The parents completed three questionnaires, including the Questinnaire on Resources and Stress--Friedrich Edition, The Inventory of Parents' Experiences, and the Family Support Scale.

Flynt, S., & Wood, T. A. (1989). Stress and coping of mothers of children with moderate mental retardation. American Journal of Mental Retardation, 94, 278-283.

This study focused on mothers of children with moderate retardation and their perceptions of stress as well as their use of support services. Researchers conducted all interviews by telephone with the purpose of reaching mothers from lower socio-economic families. Significant findings included the following: black mothers reported lower perceived family stress levels than did white mothers. Second, older mothers reported lower perceived family stress levels than did younger mothers. Third, there were comparable stress levels for these mothers regardless of the child's chronological age. Finally, socio-economic level

did not appear to be a variable affecting family stress levels. There is a need to further examine successful coping strategies.

Frey, K., Greenberg, M., & Fewell, R. (1989). Stress and coping among parents of handicapped children: A multidimensional approach. American Journal on Mental Retardation, 94, 240-249.

This study explored the relationships of the coping resources of social networks, problem-solving skills, and general and specific beliefs to parent adjustment or non-adjustment to early childhood developmental disabilities. This was a multidimensional approach in terms of both resources and outcomes. Results indicated that there was a connection between social network and family adjustment for mothers and fathers. Second, parent outcomes for mothers and fathers were significantly related to parents' beliefs, specifically of cognitive appraisal as a coping strategy. The authors concluded that effective interventions for stress management should focus on developing self-enhancing comparisons as well as greater parental perceived control.

Gallagher, J. J., Beckman, P., & Cross, A. H. (1983). Families of handicapped children: Sources of stress and its amelioration. Exceptional Children, 50, 10-19.

This literature reviewed information on stresses families of children with disabilities may have as well as the supports needed for effective coping. Characteristics of the child, particularly increasing age and the care-giving demands, appeared to be associated with higher stress. Service agencies need to focus on areas of difficulty for parents rather than on the agency's training goals which may in effect be increasing stress for families. Service agencies need to individualize interventions for families. Finally, the authors encouraged researchers to conduct longitudinal research as well as research on families that are coping well. This article was a significant precursor for much ongoing research.

Harris, V., & McHale, S. (1989). Family life problems, daily caregiving activities, and the psychological well-being of mothers of mentally retarded children. American Journal on Mental Retardation, 94, 231-239.

One major goal of this study was the assessment of the nature and extent of the daily activities in which mothers took part with their children with mental retardation. In doing this, the authors found that measuring families' perceived stress with caregiving had a relationship to family adjustment. There were two common themes that mothers reported under the category of family difficulties: the way in which caregiving responsibilities were distributed and any ambiguity about child-related problems. The authors saw a needed area of research as developing effective interventions to meet the individual needs of families.

Hymovich, D. P., & Baker, C. D. (1985). The needs, concerns, and coping of parents of children with cystic fibrosis. Family Relations, 34, 91-97.

Perceptions of family members of children with cystic fibrosis were topics of concern in this study. Specifically, the authors' purpose was to find out not only what were the parents' perceptions of their concerns and needs but also what were their coping strategies for dealing with problems. The parents completed the Chronicity Import and Coping Instrument: Parent Questionnaire (CICI:PQ). There were no significant differences between responses of mothers and fathers. A majority of parents wanted information about cystic fibrosis and their child's growth and development. Coping strategies used most often were talking with professionals or other parents and praying. The authors concluded that professionals can learn about families and their problems through administering this instrument.

Kirkham, M. A., Schinke, S. P., Schilling, R. F., Meltzer, N. J., & Norelius, K. L. (1986). Cognitive-behavioral skills, social supports, and child abuse potential among mothers of handicapped children. Journal of Family Violence, 1, 235-245.

Mothers of children with disabilities who were judged by researchers on the basis of a self report measure to be potential child abusers scored low scores on measures of thinking skills, social support networks, and life satisfaction. Single mothers in particular reported feeling isolated and not involved. The authors outlined the need for testing interventions to build coping skills of both married and single parents.

Linder, T. W., & Chitwood, D. G. (1984). The needs of fathers of young handicapped children. Journal of the Division for Early Childhood, 8, 133-139.

The article described results of a survey of 152 fathers of infant and preschool children with disabilities in Colorado. These fathers wanted to be involved in their child's education, and they saw education as a responsibility of both parents. Fathers wanted to receive information and support in a variety of ways: films, videotapes, newsletters, and groups. Results of the survey emphasized the importance of working with the entire family.

McCubbin, M. A. (1988). Family stress, resources and family types: Chronic illness in children. Family Relations, 37, 203-210.

One outcome of current research on family stress and adaptation is the recognition that there needs to be a coming together of theoretical frameworks to better understand and explain predictors of family adaptation to an accumulation of stressful events. This study used two theoretical frameworks, the T-Double ABCX (McCubbin & McCubbin, 1987) and the Circumplex Model of Marital and Family Systems (Olson, 1986), to isolate critical

family characteristics to explain the variability in the health status of chronically ill children from 58 two-parent families, grouped on the basis of mild, moderate, or severe impairment of the child.

The results of this study indicate that severity of the child's impairment is related to the management of family life, and demands greater involvement of the family system. Total family stress level was positively associated with the health problems of the child with severe impairments. Based on the results of this study, families with children with severe impairment would be one group of families considered to be "at risk" and in need of further intervention. Families in this group who would be considered "at risk" are those who feel a loss of control over outcomes, a sense of discouragement and lowered self esteem, as well as those who are emotionally dependent on each other (enmeshed), resistant to change (rigid) and/or lack support and help from extended family members.

McLinden-Mott, S. E., & Braeger, T. (1988). The impact on family scale: An adaptation for families of children with handicaps. Journal of the Division for Early Childhood, 12(3), 217-233.

The purpose of this study was to evaluate the reliability and validity of an adapted version of the Impact on Family Scale (IFS) (stein & Reissman, 1978) for its potential use among families with children with disabilities. The original 33-item scale of the IFS was modified to focus on disabilities and to be administered in a paper-pencil format using a Likert-type scale. All instruments were administered during a group session to 41 mothers of Caucasian background whose infants (average age = 4 years) were enrolled in an early intervention program because of their disabilities. In general, the results of this study indicated that the adapted version of the IFS, used with mothers of children with disabilities yields reliable and valid scores and has statistically significant correlation with the other measures of family functioning. It appears to adequately measure both the positive and negative impacts of the children with disabilities on the family.

Palfrey, J. S., Walker, D. K., Butler, J. A., & Singer, J. D. (1989). Patterns of response in families of chronically disabled children: An assessment in five metropolitan school districts. American Journal of Orthopsychiatry, 59(1), 94-104.

The Collaborative Study of Children with Special Needs (1982-1984) was conducted to identify factors relating to the health and education of children with developmental disabilities, chronic illnesses and other disabilities, through telephone interviews with parents of 1,726 special education students. The present study expands on this work.

One of the most striking findings of this study was with regard to socio-economic status. For children in all disability groups (with the exception of speech), the higher the mother's education the more likely the family was to answer that there were stresses related to the child's disability. The more severe the disability, the more likely the parent was to report that the child's condition had an effect. Holding disability and severity constant, better educated mothers were more likely to report an effect.

Among families of children with emotional disturbance, mental retardation, and sensory problems, black families were less likely to report the presence of family effects than were white and Hispanic families. The impact of mental retardation seemed to be greatest for the most affluent families.

The implications of the study for clinical practice are: 1) parents from different socio-economic status groups may report stress differently and may behave differently with regard to program planning; 2) practitioners need to reach out more to families of high-risk children to better understand the full impact on their lives, promote increased involvement and increased sense of effectiveness; 3) families who attribute all or most of their stress to the child with the disability may benefit from training in acceptance or coping skills.

Schilling, R. F. II, Schinke, S. P., & Kirkham, M. A. (1985). Coping with a handicapped child: Differences between mothers and fathers. Social Science and Medicine, 21, 857-863.

This paper discussed how the literature describes gender differences of parents of children with disabilities. Many studies indicate that men and women view familial stress differently and that they therefore use differing coping strategies to deal with perceived stress. Women tend to use a wider range of coping strategies and rely more on social support than do men. Parental coping styles may conflict and cause more familial stress or they may be complementary and contribute to family harmony. The authors saw a need for focused research in this area.

Stein, R. E. K., & Reissman, C. K. (1980). The development of an impact-on-family scale: Preliminary findings. Medical Care, 18(4), 465-472.

The Impact-on-Family Scale was developed in response to the lack of comprehensive and scientifically rigorous measurement instruments related to the impact of childhood illness on a family and the factors associated with it. This report describes the instrument's development and suggests ways it might be used. The authors noted that illness can serve as a unifying force by mobilizing the family to interact around the shared experience. Their major focus, however, was on the negative changes in normative family behavior directly related to the child's

illness. Interviews with a representative sample of mothers of children with chronic illness were the major source for the original 190-item pool. The interviews focused on identifying areas of family life that parents perceived to have changed because of their child's illness and the nature of these changes, including positive as well as negative impacts. The authors suggest that future versions of the scale need to include more items to tap positive impact.

Thompson, S. C. (1985). Finding positive meaning in a stressful event and coping. Basic and Applied Social Psychology, 6(4), 279-295.

Recent research on the importance of finding meaning in a stressful event combined the clinical approach of Frankl (1970) and the sociological perspective of Antonovsky (1979) with the attributional emphasis of social psychology. This integrative approach focused on causal attributions as a way of finding meaning in an event and part of the meaning for a negative event is attributing blame either to oneself or to others. A mail survey of 32 people whose homes were damaged or destroyed by fire 1-2 weeks after the fire and again one year later examined cognitive orientations over time. The results support the hypothesis that focusing on the positive is related to good coping.

Thompson, S. C., Sobolew-Shubin, A., Graham, M. A., & Janigian, A. S. (1988). Psychosocial adjustment following a stroke. Social Science and Medicine, 7(2/3), 260-280.

The results of this study of 40 stoke patients suggested that stroke patients who are more impaired following a stroke, have had more than one stroke, or lived longer with the effects of the stroke are more depressed than stroke patients not in these categories. A number of patients reported that the stroke had caused them to reevaluate their priorities and to appreciate areas of their lives they previously had taken for granted. Not only were these patients not depressed, but they saw meaning in the experience and had learned or reevaluated their lives differently. Despite several limitations in the study, both cognitive adaptation and social support theories appeared to have potential use for understanding coping following a stroke. The authors suggested that one next step is to see if interventions to enhance finding meaning and purpose and discourage over-protection, are feasible.

Trute, B., & Hauch, C. (1988). Building on family strength: A study of families with positive adjustment to the birth of a developmentally disabled child. Journal of Marital and Family Therapy, 14, 185-193.

The authors of this study, through a selection process involving a review of center files and personal interviews, selected a group of thirty-six families who were considered to be strong

families, that is, they were coping well with having a child with a disability. Parental self-reports on two measures, the Family Assessment Measure III and the Dyadic Adjustment Scale provided specific information of interest to clinical practitioners on these families. First, those professionals should be aware that a mother of an infant with disabilities who scores low on self-esteem and high on depression is at-risk for later family system problems. Second, professionals also need to be supportive of families as they build social networks as those appear to be beneficial to the entire family system. Finally, professionals should note that a strong marriage combined with social support and coping skills make it highly probable that the family system will adapt positively to the birth of a child with a disability.

Vadasy, P. F., Fewell, R. R., Meyer, D. J., Schell, G., & Greenberg, M. T. (1984). Involved parents: Characteristics and resources of fathers and mothers of young handicapped children. Journal of the Division for Early Childhood, 8, 13-25.

This study reported on a SEFAM (Support Extended Family Members) HCEEP project for fathers and their toddlers, where both parents completed a set of measures before beginning the Pilot program that provided demographic information, as well as data in the following areas: information needs of the father, family responsibilities, parent levels of depression, personal time, organized group affiliation, and satisfaction with their present situations. Fathers and their children also met for two hours every Saturday morning for a number of weeks with program staff members. This research is part of a longitudinal study of this program and these families. Fathers participating in the pilot program appeared less depressed, exhibited positive feelings about their interactions with their children, and reported greater access to social supports than did newly enrolled fathers.

Venters, M. (1981). Familial coping with chronic and severe childhood illness: The case of cystic fibrosis. Social Science and Medicine, 15A, 289-297.

This study attempted to answer two questions: (1) what is the typical course of family adaptation to having a child with cystic fibrosis?, and (2) what are the differences in coping behaviors between families which function well and families which do not function well? Two coping strategies, "endowing the illness with meaning" and "sharing the burdens of the illness" appeared to strengthen family functioning. Even though most families reacted to the diagnosis with anxiety and anticipatory grief, many were able to use the two coping strategies to control any present and future stress. Those families unable to find meaning for the illness or to share the burdens of the illness inevitably faced demoralization according to the author, unless there was intervention and support.

SECTION 3

STRESS AND COPING

This section contains five abstracts of articles and books specifically dealing with stress and coping. Several entries are for materials teaching specific coping skills.

Davis, M., Eshelman, E. R., & McKay, M. (1982). The relaxation and stress reduction workbook. Richmond, VA: New Harbinger Publications.

This workbook provides clear and specific techniques for individuals to learn to better manage stress in their lives. Readers can teach themselves as they read the book. Each chapter on a specific technique introduces the reader to the technique, emphasizes symptoms the technique has been effective in reducing, estimates the amount of time needed to master the technique, gives examples, discusses special considerations, and provides suggestions for further reading.

Hawkins, N. (1987). Stress management manual. Eugene, OR: Oregon Research Institute.

This manual outlines in detail an 8-week stress management program for parents of children with severe disabilities. It contains specific details on relaxation techniques as well as providing specific homework assignments. It does not appear to be commercially available.

McKay, M., Davis, M., & Fanning, P. (1981). Thoughts and feelings: The art of cognitive stress intervention. Richmond, VA: New Harbinger Publications.

This book is similar to the Relaxation and Stress Reduction Workshop abstracted previously. This workbook contains content on cognitive techniques only including problem solving, systematic desensitization, stress inoculation, visualization, combating distorted thinking, covert reinforcement, covert modeling, paradoxical intention, and orgasmic reconditioning.

Osterkamp, L. & Press, A. (1988). Stress? Find your balance. Lawrence, KS: Preventive Measures, Inc.

This is a practical book filled with concrete suggestions and techniques for dealing with stress including muscle relaxation, meditation, mantra, regular exercise, good nutrition, imagery, reframing, giving up being right, and time management. The book concludes with a chapter on personal choice, emphasizing that an individual can change their stress load only through their own choice and commitment.

Tubesing, D. (1981). Kicking your stress habits: A do-it-yourself guide for coping with stress. New York: Signet.

The author designed this book to be used. He begins by emphasizing that personal beliefs are the underlying cause of stress. He describes types of stressors. Then he discusses in detail specific techniques for coping with stress. The author encourages the reader to answer the many personal questions in the book by writing in their own personal responses.

SECTION 4

INTERVENTION STRATEGIES WITH PARENTS OF CHILDREN WITHOUT DISABILITIES OR MARRIED PERSONS

This section contains abstracts of six articles/studies on non-disability-specific family intervention strategies and support groups.

Barth, R. P., Blythe, B. J., Schinke, S. P., & Schilling, R. F. II. (1983). Self-control training with maltreating parents. Child Welfare, 62, 313-324.

Parents with tendencies to abuse their children learned to increase their praise, effective commands and self talk to their children and decreased their levels of anger, blaming, nervousness, and irritability following small group, short-term training in self control and self management skills.

Coates, D., & Winston, T. (1983). Counteracting the deviance of depression: Peer support groups for victims. Journal of Social Issues, 39, 169-194.

This review of real-life victims emphasized the role peer support group membership can play in helping victims feel less deviant and less depressed. The review concluded that most victims do not become more depressed and that groups led by mental health professionals do appear to result in significant improvements in the participants' mental health.

Giblin, P., Sprenkle, D. H., & Sheehan, R. (1985). Enrichment outcome research: A meta-analysis of premarital, marital, and family interventions. Journal of Marital and Family Therapy, 11, 257-271.

This article described results of a meta-analysis of 85 studies of premarital, marital, and family enrichment programs such as Marriage Encounter and The Couple Communication Program. In meta-analysis, researchers translate existing study findings to "effect size," an expression of treatment affectiveness. The average effect size of 1691 was +.44, indicating that the average participant in these studies was better off than 67% of the control group who did not participate in some type of enrichment. Two surprising findings were that programs focusing on pairs in the family had a greater effect size than did programs for the whole family and that groups with people labeled as "distressed" had a greater effect size than did groups with people who had fewer problems. Measurement issues are an unresolved problem based on this meta-analysis.

Kanfer, F. H., & Goldstein, A. P. (Eds.) (1986). Helping people change: A textbook of methods. Pergamon Press, Inc.

This textbook presented an overview of the current methods of behavior change. Specific methods covered include those aimed at relationship-enhancement, group methods, modeling methods, operant methods, fear reduction methods, aversion methods, cognitive change methods, self -management methods, cognitive behavior modification, and biofeedback and behavioral medicine.

McGuire, J. C., & Gottlieb, B. H. (1979). Social support groups among new parents: An experimental study in primary prevention. Journal of Clinical Child Psychology, 8, 111-116.

This paper reported the findings of a project designed to assess the effects and social consequences of social support groups for new parents. Some parents were part of one of two social support groups, and some parents received written information only. The parents in the social support groups did increase their use of informal resources in their own social networks (family members, relatives, and neighbors), but being in a group did not change their self-reported measures of stress or well being. Some practical findings were that parents would have found participation in the groups more helpful in their child's infancy and that these groups can be led by anyone who can establish rapport with group members, thus making them a viable alternative for mental health delivery.

Schinke, S. P., Schilling, R. F. II, Barth, R. P., Gilchrist, L. D., & Maxwell, J. S. (1986). Stress-management intervention to prevent family violence. Journal of Family Violence, 1, 13-26.

This paper reviewed scientific evidence on stress concepts, sources, and treatment strategies aimed at preventing family violence. It gave particular emphasis to the potential of stress-management preventive intervention. Based on a study with teen-age parents, the authors described procedures and results from clinical stress-management preventive intervention. Study findings noted improvements on measures of personal and social support, problem solving, self-reinforcement, parenting competence and care, and interpersonal performance. Consumer satisfaction from teen-age parents who received intervention lend additional support to the value of stress-management preventive methods. The paper discussed the implications, limitations, and future directions of stress-management preventive intervention to lower risks of family violence.

SECTION 5

COGNITIVE ADAPTATION THEORY

The theoretical framework underlying cognitive adaptations are addressed in the six abstracts presented in this section.

Beck, A. T., Emery, G., & Greenberg, R. L. (1985). Anxiety disorders and phobias: A cognitive perspective. New York: Basic Books.

This book outlined Beck's theory of cognitive therapy. Cognitive therapy is structured and directive and is based on a questioning model where the purpose of the therapist's questions is to help people become aware of their thoughts. Then the person can examine their thoughts for cognitive distortions, can replace them with more balanced thoughts, and then plan for new thought patterns. The therapist can help the person learn strategies such as repetition, choice versus change, importance of action, and life-style changes, all of which can help with problem-solving. Beck's original work was with persons with depression.

Collins, R.L., Taylor, S.E. & Skokan, L.A. (manuscript under review). A better world or a shattered vision: Changes in life perspective following victimization. (University of California, Los Angeles).

This recent study on cancer victims addressed an apparent contradiction between cognitive adaptation theory and the assumptive worlds perspective (Parkes, 1971; Janoff-Bulman & Frize, 1983). Cognitive adaptation theory suggests that victims of threatening events seem to overcome the victimizing aspects of their situation and may actually benefit from their experience. They do so through a set of illusions that serve to buffer the individual from negative change and also lead to more positive beliefs than those held before their victimization. The assumptive worlds perspective suggests that a victimizing experience shatters an individual's perceptions of his/her invulnerability. The individual must then rebuild and alter the contents of the assumptive world to assimilate new information that causes a person to see the self less positively than prior to the experience, and to see the world as a less benevolent place than perceived to be prior to the experience. This study attempts to resolve these apparent differences, and the authors identified three points of contradiction between the two theoretical perspectives. The authors suggest that it is possible that certain types of events, such as cancer, may be more amenable to positive responses than the types of events explored by the assumptive world model, (e.g. the death of a parent or sibling, fire, flood, or assault).

Ellis, A. (1984). Rational-emotive therapy. In R. J. Corsini (Ed.), Current psychotherapies (3rd ed.) (pp. 99-112). New York: Springer.

The main point of Ellis' Rational-Emotive Therapy is that events do not directly cause emotional or behavioral consequences but that rather our beliefs about these events are the most important causes for how we feel and act. The therapist or counselor attempts to dispute the irrational beliefs. Irrational beliefs are considered to be irrational because they are unlikely to find factual support in a person's environment and do not promote survival or enjoyment. There is an emphasis on homework for

clients between sessions and on the clients taking risks and trying new behaviors.

Hulnick, M. R., & Hulnick, H. R. (1989). Life's challenges: Curse or opportunity? Counseling families of persons with disabilities. Journal of Counseling and Development, 68, 166-170.

This article discussed how the authors worked with families of persons with disability to encourage them to view disability as an opportunity. Strategies for counselors to use with family members include questions to help family members reframe, questions to help family members become aware of choices, and questions in assisting the family member in learning positive self talk. The authors conclude by saying how we deal with our lives, with or without disability, is our choice.

Taylor, S. E. (1983). Adjustment to threatening events: A theory of cognitive adaptation. American Psychologist, 38, 1161-1173.

Through recent work with cancer patients, cardiac patients, rape victims, and other individuals facing life-threatening events, the author developed a theory of cognitive adaptation. This theory has three themes: a search for meaning of the experience, an attempt to regain mastery over the event in particular and over one's life, and an effort to restore self-esteem through self-enhancing evaluations. The person who adjusts successfully often uses these three thought processes to sustain and modify illusions that serve as a buffer against the event at present and in the future.

Wood, J. V., Taylor, S. E. & Lichtman, R. R. (1985). Social comparison in adjustment to breaast cancer. Journal of Personality and Social Psychology, 49, 1169-1183.

This study examined four theoretical comparison perspectives (supercoper, similarity, upward, and downward), each focusing on one of two hypothesized functions of social comparison--evaluating one's emotional reactions and enhancing one's self. Results strongly suggest that the sample made many downward comparisons, and several results suggest they made many in the domain of psychological adjustment. Seventy-eight women (of whom 75 had been treated originally for breat cancer) completed a tape recorded interview and a self report questionnaire (the Locke Wallace Scale of Marital Adjustment).

SECTION 6

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